Please type a plus sign (+) inside this box + Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.									
DECLARATION FOR UTILITY O	Attorney Docket Num	nber	NPA052US						
DECLARATION FOR UTILITY OF DESIGN	First Named Inventor	r	Paul Lapstun						
PATENT APPLICATION	COMPLE	COMPLETE IF KNOWN							
(37 CFR 1.63)	Application Number		/						
□ Declaration □ Declaration	Filing Date		·						
Submitted OR Submitted after Initi	tial Group Art Unit								
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name								

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
my residence, post onice address, and citizenship are as stated below next to my name.									
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND SYSTEM FOR USER REGISTRATION ON TERMINAL									
the specification of which (Title of the Invention)									
is attached nereto	is attached hereto								
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
was thed off (MINNE		as United	u States Applica	ition Number or F	PCT International				
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have re	eviewed and understand the	contents of the above ident	ified specificatio	n, including the o	taims, as				
	ent specifically referred to abo								
I acknowledge the duty to o	disclose information which is	material to patentability as	defined in 37 CF	FR 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO				
504040		00/00/4000			[2]				
PQ1313 PQ 2912	Australia	06/30/1999 09/17/1999			[X] [X]				
PQ 2912	Australia	09/1//1999							
Additional foreign applica	ation numbers are listed on a	supplemental priority data	sheet PTO/SR/	12B attached here	eto:				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filling Date (MM/DD/YYYY)									
		numbers are lis			iority data sheet				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Docket No.: NPA052US

Please type a plus sign (+) inside this box 🔫 📘

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

						4	-		_					
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)							
Additional	U.S. or F	CT international	applicat	tion nur	nbers ar	e listed on	a sup	plement	al priority data	sheet P	TO/SB/	02B attached	nereto.	
		ereby appoint the innected therewil			stered pr		s) to p	rosecute	this application	on and to	transa	Place Cust	omer	
			_	OR		•	name	/registra	tion number lis	eted held		Number Bar Label he		
				Registe	Regist	tration	name	registra	Nam		,,,	Registration		
	Name Number				Name Number									
Additional i	registered	d practitioner(s) n	amed o	n suppl	lemental	Registere	l Prac	titioner I	nformation sh	eet PTO	/SB/020	C attached here	eto.	
Direct all corr	esponde	ence to: 🛛 (Custom or Bar (240	1		OR	□ c	orrespo	ondence add	ress below	
Name	Kia S	ilverbrook												
Address	Silve	rbrook Rese	arch	Pty L	.td									
Address	393 (Darling Stre	et							1	1			
City	Balm	ain						State NSW			2041			
Country	Austr	alia		Те	lephor	ne 61-2	2-9818-6633 Fax 61-2-9818-671			11				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of So	ole or F	irst Invento	r:					A petiti	on has been	filed fo	or this u	ınsigned inve	entor	
Gi	ven Nar	ne (first and m	iddle [if	fany])			Family Name or Surname							
Paul 2				Lapstun										
Inventor's Signature		Tel 1				16	Date 28					June 28, 2000		
Residence: (City	Rodd Point State NSW			NSW	Country Australia Citizenship gian						Norwe- gian		
Post Office A	ddress	13 Duke Avenue												
Post Office A	ddress													
City		Rodd Point State NSW ZIF			ZIP	2046 co u			untry Australia					
X Additional	invento	rs are being na	med o	n the	1 su	pplement	al Ad	ditional	Inventor(s)	sheet(s) PTO/	SB/02A attac	ched hereto	





Docket No. NPA052US

	PTO/SB/02A (3-97)
Please type a plus sign (+) inside this box → +	Approved for use through 9/30/98. OMB 0651-0032
	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Pananuark Peduction Act of 1995	no persons are required to respond to a collection of information unless it contains a

DECLARATION

valid OMB control number.

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of 1_

				L			_		-		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Surname						
Kia						Silverbro	ook				
Inventor's Signature	Cur							June 28, 2000			
Residence: City	Balmain	State	NSV	V c	Country	Australia		Citizensl	nip /	Australian	
Post Office Address	393 Darling Street										
Post Office Address											
City	Balmain state NSW				ZIP	2041	041 Country		Australia		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	ed for th	is unsign	ed inv	rentor	
Given Nar	me (first and middle [if any]))				Family Na	me or S	Surname		-	
Inventor's Signature								Dat	e		
Residence: City			Country Citizenship								
Post Office Address											
Post Office Address											
City		State			ZIP		Cour	ntry			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Nar	me (first and middle [if any])				Family Na	me or s	Surname			
Inventor's Signature					Dat	Date					
Residence: City	State				Country				Citizenship		
Post Office Address											
Post Office Address					т-					<u> </u>	
City	·	State			ZIP			ountry			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1.